



State of Connecticut Department of Economic and Community Development

STATE OF CONNECTICUT SMALL BUSINESS EXPRESS PROGRAM APPLICATION



Instructions: Complete this form and submit under separate cover the highlighted areas, if applicable, on line, via email or mail to: Michelle Lugo, DECD, 505 Hudson Street, Hartford, CT 06106, Michelle.Lugo@ct.gov

Section One: Program (Please check below the component you are applying to)

EXP Revolving Loan (10k-100k) _____ OR EXP Job Creation Incentive Loan (loan 10k-300k) _____ AND/OR EXP Matching Grant (10k-100k) _____

Section Two: Applicant Information

Applicant (Recipient of Funds):

Address (City, State, Zip Code): _____ Website: _____

Federal ID Number: _____ State Tax Registration #: _____

Project Location: _____ County: _____

Contact Information: (Name, Title) _____

Tel #1: _____ Tel #2: _____

Fax: _____ Email: _____

Business Industry: _____ NAICS Code: _____

Applicant Structure (e.g. LLC, corporation, S-Corp, partnership): _____

Date Established: _____ State of Incorporation: _____

Employment: Existing Full Time _____ Part-Time _____ Number of hours per week by full-time: _____

New Jobs Full Time _____ Part-Time _____ Anticipated timeframe for new Jobs: _____

Ownership Information (Submit under separate cover): (1) list of Name(s), (2) Title(s), (3) Address(es), (4) % of Ownership, (5) identify the % of women-owned or minority-owned as applicable; (6) Soc. Sec. # and/or Federal Employer ID#.

Company Status

- Does applicant have any delinquent State, Federal or Local Taxes? (If yes, submit under separate cover) _____ No _____ Yes
- Do any owners/officers have any personal tax issues? (If yes, please provide an explanation.) _____ No _____ Yes
- Has the applicant or its owners ever filed for bankruptcy? (If yes, submit under separate cover.) _____ No _____ Yes
- Has the applicant or its owners ever been convicted of a felony? _____ No _____ Yes
- Does the applicant have any outstanding, pending or anticipated litigation, environmental, OSHA or other issues outstanding? (If yes, submit under separate cover) _____ No _____ Yes

Section Three: Assistance Request Information

EXP Grant Amount Requested: \$ _____ EXP Loan Amount Requested: \$ _____

Brief Project Description and Use of Funds Request (See procedures for eligible uses and submit under separate cover, if needed):

*Please note: At the discretion of the Commissioner, financial assistance may require collateral.

Section Four: Additional Information (Please provide the following information under separate cover)

- Last three fiscal years of accountant-prepared financials, including notes. If not available please provide tax returns and internal financials for this period.
- Applicant Structure Documentation (e.g. Articles of Incorporation, proof of registration to conduct business in Connecticut, etc.)
- Project Description (include economic impact, measurement of impacts)
- Project Financing Plan & Budget
- Business Plan

(For more information and forms, please visit <http://www.ct.gov/ecd/cwp/view.asp?a=3931&q=489792>)

Section Five: Certification

It is hereby represented by the undersigned to the State of Connecticut including but not limited to the Department of Economic and Community Development to consider the financial assistance requested herein, that to the best of my knowledge and belief no information or data contained in the Application or in the attachments are in any way false or incorrect and that no material information has been omitted, including the financial statements. The undersigned agrees that banks, credit agencies, the Connecticut Department of Labor, the Connecticut Department of Revenue Services, the Connecticut Department of Energy and Environmental Protection, and other references are hereby authorized now, or anytime in the future, to give the State of Connecticut including but not limited to the Department of Economic and Community Development any and all information in connection with matters referred in this Application, including information concerning the payment of taxes by the applicant, its owners, and executives. In addition, the undersigned agrees that any funds that may be provided pursuant to this Application will be utilized exclusively for the purposes represented in this Application, as may be amended. *** False statements made in the preparation and submission of this applicant and related materials are punishable as a Class A Misdemeanor under Connecticut General Statutes 53a-157b. ***

Section Six: Public Announcement

Please be advised that your company and your job creation/retention project may be highlighted in a press release issued by the state. Company proprietary or trade secret information WILL NOT be disclosed. If you would like additional information concerning this, please contact DECD.

By submitting this document I, (insert Authorized Name/Title) _____ certify and agree to the above.

Signature and date: _____

